

Clatsop County Health Department
Environmental Health Services



Tobacco Retail License Application

Office Use Only:

Facility #: _____

Business Information *(Please print or type)*

Organization Name: _____

Doing Business as: _____

Have you changed the name of the Business? ☐ Yes ☐ No Store #: _____

Business E-mail: _____ Business Phone: _____

Business Website Address: _____ Business Fax: _____

Days and Hours of Operation: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Number of Employees: ☐ 1-9 ☐ 10-24 ☐ 25-99 ☐ 100-249 ☐ 250+

Has this business been in violation of any retail law? ☐ Yes ☐ No

Business Type *(Check all that apply)*

☐ Bar/Restaurant ☐ Convenience Store ☐ Gas Station ☐ Grocery Store ☐ Liquor Store

☐ Tobacco Shop ☐ Vape Shop ☐ Other: _____

Products Sold *(Check all that apply)*

☐ Cigarettes ☐ Little Cigars ☐ Large Cigars ☐ Loose Tobacco ☐ Blunt Wraps ☐ Hookah or Shisha

☐ E-cigarettes/Nicotine Vaping Products ☐ Smokeless Tobacco ☐ Other: _____

Retailer Business Owner

First Name: _____ Middle Name: _____ Last Name: _____

Organization Name: _____ Business Phone: _____

Business Address 1: _____ Mobile Phone: _____

Business Address 2: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Preferred contact method: _____

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Environmental Health Services



Applicant ☐ Same as Retail Business Owner

First Name: _____ Middle Name: _____ Last Name: _____

Organization Name: _____ Business Phone: _____

Business Address 1: _____ Mobile Phone: _____

Business Address 2: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Preferred contact method: _____

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Billing Contact ☐ Same as Retail Business Owner

First Name: _____ Middle Name: _____ Last Name: _____

Organization Name: _____ Business Phone: _____

Business Address 1: _____ Mobile Phone: _____

Business Address 2: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Preferred contact method: _____

Affirmation

Every application for a Tobacco Retail License shall include a signed affirmation that the Retail Business Owner is informed of the laws affecting the Tobacco Retail License pursuant to Clatsop County Ordinance 2019-03. A signed affirmation is required for each address where tobacco products are made available for retail sale or exchange. It is the Retail Business Owner's responsibility to ensure that all employees and retail associated who sell tobacco products are informed of and trained to comply with all federal, state, and local tobacco retail laws pertaining to the license. Educational materials regarding federal, state, and local tobacco retail laws have been provided with this application for your information.

I, (print Retail Business Owner's full name) _____, have been informed of the tobacco laws affecting the Clatsop County tobacco retail license and will train all staff who sell tobacco products of these laws.

Retail Business Owner Signature

Date

To Submit an Application and \$350 License Fee

(Completed application and payment is required to process your application)

By Mail: Send a completed application with check, money order, or cash in the amount of \$350 to:
Environmental Health Program, ATTN: TRL, 820 Exchange st. Astoria, OR 97103.

In Person: Drop off a completed application with check, money order, or cash in the amount of \$350 to:
820 Exchange st. Astoria, OR 97103

*Business office hours: Monday through Friday, 8:30am- 5:00pm, closed 12-1, closed on major holidays

Credit card payments are accepted and can be made in person or by phone. Please note there will be a 2.5% service charge added for all credit card payments.

Questions: Please contact us at 503-325-8500 or visit co.clatsop.or.us/publichealth